

# Brite Orthodontics Sponsorship Request



\*PLEASE FILL ALL BLANKS  
\*DO NOT WRITE ON BACK OF APPLICATION

DATE: \_\_\_\_\_

Requesting Agency/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Is there an opportunity for us to be present at an event with a booth? If so, when and where?

\_\_\_\_\_

Tell us about your program (please attach any pertinent program information, flyers, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email your response to the office or drop it off at your earliest convenience